

**LOCAL BANKRUPTCY FORM NO. 5  
IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA**

IN RE

Kathleen Macari	)	
<i>Debtor</i>	)	Bankruptcy No. 10-20551 JKF
Kathleen Macari	)	Chapter 13
<i>Movant</i>	)	
	)	Document No.

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

Voluntary Petition. *Specify reason for amendment.*

The debtor did not know she had to include a debt from her mother's estate since the debtor is the sole executor of the estate. The debt was not paid thru the estate.

Official Form 6 Schedules (Itemization of Changes Must be Specified)

Summary of Schedules

Schedule A – Real Property

Schedule B - Personal Property

Schedule C – Property Claimed as Exempt

Schedule D – Creditors holding Secured Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule E – Creditors Holding Unsecured Priority Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule F – Creditors Holding Unsecured Nonpriority Claims

Check one:

Creditor(s) added creditor(s) **First Mutual Bank has been**

**added as a creditor to Schedule F. Attached is Amended Schedule F.**

NO creditors added

Creditor(s) deleted

Schedule G – Executory Contracts and Unexpired Leases

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule H – Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J- Current Expenditures of Individual Debtor(s)

Statement of Financial Affairs

Chapter 7 Individual Debtor's Statement of Intention

Chapter 11 List of Equity Security Holders

Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

Disclosure of Compensation of Attorney for Debtor

Other: Form B22A

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case and to entities affected by the amendment as follows:

Office of the United States Trustee  
Suite 970, Liberty Center  
1001 Liberty Avenue  
Pittsburgh, PA 15222

Ronda J. Winneccour  
Suite 3250, US Steel Tower  
600 Grant Street  
Pittsburgh, PA 15219

First Mutual Bank  
C/o Asset Management  
PO Box 1647  
Bellevue, WA 98007

Date September 12, 2011

/s/ Kenneth M. Steinberg  
Kenneth M. Steinberg  
Attorney for the Debtor  
STEIDL & STEINBERG  
707 Grant Street  
Pittsburgh, PA 15219  
(412) 391-8000  
PA I.D. No. 31244

In re **Kathleen Macari**,  
Debtor

Case No. **10-20551**

**AMENDED  
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
				C O N T I N G E N T	U N L I Q U I D A T E D	P I S P U T E D
Account No.						
<b>Capital One</b> c/o Apotheker & Associates PC 520 Fellowship Road, C306 Mount Laurel, NJ 08054	-		<b>Attorney's office representing Capital One</b>			
Account No. <b>xxxx xxxx xxxx 7872</b>						<b>0.00</b>
<b>Capital One</b> PO Box 708844 Charlotte, NC 28272	-		<b>unknown Charge used for clothing, food, car maintenance and gasoline</b>			<b>5,000.00</b>
Account No. <b>xxxxxx1851</b>			<b>1980-2008 Charge used for car maintenance and gasoline</b>			<b>900.00</b>
<b>Chase</b> PO Box 15548 Wilmington, DE 19886	-					
Account No. <b>xxxx xxxx xxxx 7000</b>			<b>unknown Contingent debt from deceased mother's estate</b>			<b>2,468.00</b>
<b>Citi Corp</b> c/o Balogh And Becker LTD 4150 Olsen Memorial Highway Suite 200 Minneapolis, MN 55422	-					
<b>2</b> continuation sheets attached				<b>Subtotal (Total of this page)</b>		<b>8,368.00</b>

In re **Kathleen Macari**Case No. **10-20551**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. xxxx xxxx xxxx 8636	-	2005-2007 Charge used for home repair items				0.00
Citi/Home Depot PO Box 689020 Des Moines, IA 50368	-	2005 Personal loan by debtor's mother who is now deceased. This loan should have been paid from deceased mother's estate.				19,900.00
Account No. xx1090	-	2005 Home repairs				2,005.00
First Mutual Bank c/o Asset Management PO Box 1647 Bellevue, WA 98007	-	unknown-2005 Charge used for food, clothing and gasoline				1,649.00
Account No. xxx6581	-	last used 2005 Contingent debt from deceased mother's estate				4,766.00
HSBC Card Services c/o Weltman Weinberg & Reis 323 Lakeside Avenue Cleveland, OH 44113						
Account No. xxxx xxxx xxx1 827						
National City One National City Parkway Kalamazoo, MI 49009						
Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>28,320.00</b>

In re

**Kathleen Macari**Case No. **10-20551**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT IN GENT	UN LI QU IDA TE D	DIS P U TE D	AMOUNT OF CLAIM
Account No. <b>7796</b>		<b>2007</b> <b>Parent plus loan</b>				
<b>Sallie Mae</b> P.O. Box 9500 Wilkes Barre, PA 18773	-					<b>8,742.00</b>
Account No. <b>xxxxxxxxxxxx0378</b>		<b>2005</b> <b>Charge used for food and household items</b>				
<b>Sam's Club</b> c/o TSYS Debt Management PO Box 6700 Norcross, GA 30091	-					<b>1,405.28</b>
Account No.						
Account No.						
Account No.						
Sheet no. <b>2</b> of <b>2</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>10,147.28</b>
			Total (Report on Summary of Schedules)			<b>46,835.28</b>